

**RESPIRATORY THERAPY FEE SCHEDULE
PROVIDER SPECIALTY 058**

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE	
		FACILITY FEE	NON FACILITY FEE
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	\$27.61	\$27.61
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	\$41.94	\$41.94
36908	STENT PLMT CTR DIALYSIS SEG	\$156.40	\$2,139.70
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY,	\$25.97	\$43.07
94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER	\$45.32	\$45.32
94150	VITAL CAPACITY TOTAL	\$16.61	\$29.62
94200	MAXIMUM BREATHING CAPACITY	\$17.50	\$17.50
94240	FUNCTIONAL RESIDUAL CAPACITY	\$30.59	\$30.59
94375	RESPIRATORY FLOW VOLUME LOOP	\$29.27	\$29.27
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GEI	\$10.04	\$21.28
94667	MANIPULATION CHEST WALL	\$16.47	\$32.33
94668	MANIPULATION CHEST WALL SUBSEQUENT	\$13.78	\$28.69
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT.	\$1.60	\$4.09
94799	PULMONARY TEST PROCEDURE	\$89.06	\$89.06
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	\$89.06	\$89.06
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	\$36.12	\$58.47

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.

**EFFECTIVE
DATE**

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